

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

Full Name (Last, First, Middle Initial)

**A. Jeff Bohnenkamp**

Mailing Address 328 Grand Ave

City

Spencer

State

IA

Zip Code

51301-4141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Insurance Associates of Spencer

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2015

**Transaction ID : 13046580**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Tom J Bushman**

Mailing Address 109 W Main St

City

Ossian

State

IA

Zip Code

52161-7702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bushman Insurance & Real Estate Inc

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2015

**Transaction ID : 13046581**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael Byl**

Mailing Address 300 South State Street

City

Denver

State

IA

Zip Code

50622-7712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

First Insurance Services

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2015

**Transaction ID : 13046582**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00